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FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner J.W. VAN BRAMER
Group Art Unit 3622, USPTO

From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

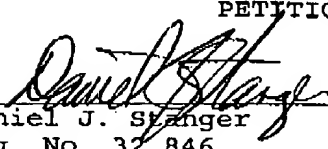
Re: USSN 09/944,371
Attorney Docket No.: H-991

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;
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April 4, 2006


Daniel J. Stanger
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Form PTO-1083

Patent

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In RE application of H. SUKEDA et al.

Case Docket No. H-991

APR - 4 2006

Serial No.: 09/944,371

Group Art Unit: 3622

Filed: September 4, 2001

For: SMART CARD, METHOD FOR LOYALTY
PROGRAM USING SMART CARD, AND
SMART CARD SYSTEM

Examiner: J.W. VAN BRAMER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

April 4, 2006

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
Total	11	Minus	** 20	= 0	X 25	\$		X 50	\$
Indep.	3	Minus	*** 3	= 0	X 100	\$		X 200	\$
First presentation of Multiple Dependent Claims					X 180	\$		X 360	\$
					Total	\$	OR	Total	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

- ☒ A Credit Card Payment Form in the amount of \$ 450.00 is attached.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Attorney for Applicant(s)Date: April 4, 2006